

Case Number:	CM14-0168837		
Date Assigned:	10/16/2014	Date of Injury:	04/26/2001
Decision Date:	12/18/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is a licensed Chiropractor and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61-year-old male who reported an injury on 04/26/2001. The mechanism of injury was a fall. The injured worker's diagnoses included enthesopathy of the knee. The injured worker's past treatments included physical therapy, a knee brace, injections, and medications. The injured worker's diagnostic testing included an MRI of the right knee performed on 12/30/2010, which revealed chondromalacia at the medial femoral condyle and medial patellar facet. An x-ray of the right knee revealed mild arthritis. The injured worker's surgical history included 2 right knee arthroscopies, last performed in 2008. A knee revision was performed in 04/2012. On 10/01/2014, the injured worker complained of right knee pain which had been progressive. He reported that since knee revision in 04/2012, he had improvement in left knee range of motion. He reported that he continued to have severe sharp pain in the left knee with extension. He reported that his knee gave away. He reported that he continued to wear a custom knee brace on the left knee. Upon physical examination of the left knee, the injured worker's range of motion was 2 to 80 with stiff end feel, 20 degree active extension lag, with a motor strength of 4/5 in the quads. There was mild crepitus in the knee with extension. The injured worker's medications included tramadol for pain. The request was for 8 chiropractic sessions, 1 time a week for 8 weeks for the left knee to manipulate the joint. The Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

8 Chiropractic sessiions, 1x Wk for 8 weeks, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

Decision rationale: The request for eight chiropractic sessions, one time a week for eight weeks for the left knee is not medically necessary. According to the California MTUS Guidelines, manual therapy and manipulation may be recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measureable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Chiropractic therapy is not recommended for the knee. Although the patient complains of decreased range of motion in the left knee and pain, the guidelines do not currently recommend manual therapy and manipulation of the knee. As such, the request is not medically necessary.